

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27776

Registrar's No. 45

FILED SEP 4 1941

Registration District No. 8

Primary Registration District No. 203

1. PLACE OF DEATH:

(a) County Benton  
(b) City or town Alexander Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community. (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME

Thane C. Dietz

3. (b) If veteran, name war.

3. (c) Social Security No. 1

4. Sex 1 Male  
5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph Dietz

6. (c) Age of husband or wife 18 years 48 years

7. Birth date of deceased. (Month) May (Day) 7 (Year) 1848

8. AGE: Years 93 Months 2 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Wife

11. Industry or business

12. Name Eli Cates

13. Birthplace (City, town, or county) Unk (State or foreign country) 9

14. Maiden name Unk

15. Birthplace (City, town, or county) Unk (State or foreign country) 6

16. (a) Informant J. A. Wiley

(b) Address Quincy Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/41 (Month) (Day) (Year)

(c) Place: burial or cremation Harvey Co

18. (a) Signature of funeral director J. R. Frazier

(b) Address Wheatland Mo

19. (a) Aug. 15, 1941 (Date received local registrar) (b) Jas. A. Hogan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton  
(c) City or town Alexander Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Bentonville Mo  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1941 hour 3.00 minute 00 M.

21. I hereby certify that I attended the deceased from November 1940 to July 27, 1941, that I last saw him alive on July 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus + Bladder  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

Duration 30 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature P. S. Johnston (M.D. or other) 1  
Address Wheatland Mo Date signed 7-28-41

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1572

Date Filed 9-3-41

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*This body was not  
Embalmed.*

Licensed Embalmer No. 2982

P. O. Address Wheatland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27776  
Registrar's No. 45-

Registration District No. 8

Primary Registration District No. 203

1. PLACE OF DEATH:

- (a) County Benton  
(b) City or town Rural Alexander  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT  
FULL NAME Thoney C Ditz

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex M

5. Color or  
race \_\_\_\_\_

6. (a) Single, widowed, married,  
divorced wid

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
(If less than one day \_\_\_\_\_ min.)

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of  
uterus & Bladder Duration \_\_\_\_\_

Due to Both Uterus & Bladder  
were involved at time of first

Due to Examination. In my opinion  
uterus was primary seat of  
Other conditions Malignancy  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature R. S. Johnston (M. D. or other) \_\_\_\_\_  
Address W. R. Atland, Mo Date signed 10-3-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*W. R. Atland, Mo*

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